U.S. Department of Labor
Office of Labor-Management

Moe of Labor-Manageme Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

AMENDED

Form approved
Office of Management
and Endget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only ALC-82005 READ THE INSTRUCTIONS CAREFUL E PLANS DROP	LY BEFORE PREPARING THIS REPORT.
1. File Number U - 455	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: [12] / [31] / [2004]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John Hanrington	Name SMW_III_No28
	Labor Organization File Number 011–371
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 15 Garden Drive	Street 500 Greenwich Street
City Lymbrook	City New York
State NY ZIP Code + 4 11563	State NY ZIP Code + 4 10013
5. Position in labor organization. President and Business Mana	ger
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompany) undersigned; knowledge and belief frue, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the
Signed Thu Harrington	On SINOS SIV/74k-947 F Date Telephone Number
//	Date releptione number

Name of Person Filling John Harrington	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values and part of which consists of buying from, selling or leasing to, or other of an employer whose employees your later organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Syntonics Systems Inc. Trade Name, If any: P.O. Box, Bldg., Room No., if any Street 80 Eighth Avenue City New York State NY ZIP Code + 4 10011	a. Labor Organization X b. Trust
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SMWLU No. 28 Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Computer Systems Consultant
Street 195 Mineola Blvd	11.b. Approximate dollar value of such dealing. \$80,000 Approximate
City Mineola State NY ZIP Code + 4 11501	Dinner at a group function hosted by Syntonics Systems Inc February 2004.
	12.b. Amount Approx. Value \$150.00
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling John Harrington	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Reynolds Securities Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 45 Broadway City New York State NY ZIF' Code +4 1,0006	a. Labor Organization X b. Trust		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SMWLU No. 28 Benefit Funds Trade Name, if any: P.O. Box, Bkdg., Room No., if any	11.a. Nature of such dealing. Investment Monitor		
Street 195 Mineola Blvd City Mineola State NY ZIP Code + 4 11501	11.b. Approximate dollar value of such dealing. \$80,000 Approximate dollar value of such dealing.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing John Harrington	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Magna Care Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization X b. Trust c. Employer	
Street 825 East Gate Boulevard	C. Employor	
City Garden City		
State NY ZIP Code + 4 115.30		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SMWIU No. 28 Welfare Fund Trade Name, if any:	Prospective health care networking provider	
P.O. Box, Bldg., Room No., if any		
Street 195 Mineola Blvd	11.b. Approximate dollar value of such dealing. N/A	
City New York	12.a. Nature of interest held or income received.	
State NY ZIP Code + 4 11501	Dinner/cruise in Florida hosted by Magna Care - February 2004.	
	12.b. Amount Approx. Value \$100.00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Fising John Harrington	The number of	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Daley and George I.td Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 20 S. Clark Street # 400 City Chicago State IL ZIP Code +4 60603	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SMWLU No. 28 Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any	Prospective legal con	sultants
Street 195 Mineola Blvd		
	11.b. Approximate dollar value of such dealing.	N/A
State NY ZIF Code + 4 11501	Dinner/cruise in Chicago hosted by Daley and Ge August 2004.	
	12.b. Amount Approx. Value	\$354.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		11
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling John Harrington	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any). NameMackay_Shields	9. Business deals with: a. Labor Organizat X b. Trust c. Employer	ion		
City New York				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıg.		
Name SMWLU No. 28 Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment i	Advisor		
Street 195 Mineola Blvd	11.b. Approximate dollar value	e of such dealing.	\$950,000	Acto
City Mineola State NY ZIP Code + 4 11501	Dinner at a grand hosted by Macl	coup functi cay Shields		
	12.b. Amount. Approx.	Value	\$75,00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.			

Name of Person Faing John Harrington	TWO MUNICIPAL OF		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or settling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Miserow Financial Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 350 N. Clark Street City Chicago State II ZIP Code + 4 60610	(, , , , , , , , , , , , , , , , , ,		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SMWLU No. 28 Benefit Funds————————————————————————————————————	Prospective financial consultants.		
P.O. Box, Bldg., Room No., if any	1		
Street 195 Mineola Blvd	11.b. Approximate dollar value of such dealing. N/A		
Cay Mineola	12.a. Nature of interest held or income received.		
State NY ZIP Code + 4 11501	Dinner/cruise in Chicago hosted by Miserow Financial - August 2004.		
	12.b. Amount Approx. Value \$431.00		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	er parts A and B above)		
Street			
City			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			